

AO 433 (Rev. 04/11)		Administrative Office of the United States Courts Document Page 1 of 1		FOR COURT USE ONLY <b>DUE DATE:</b>	
<b>TRANSCRIPT ORDER</b>					
<i>Please Read Instructions:</i>					
1. NAME <b>Carlos R. Rivera-Ortiz</b>		2. PHONE NUMBER <b>(787) 777-8888</b>		3. DATE <b>11/13/2017</b>	
4. MAILING ADDRESS <b>PO Box 364148</b>		5. CITY <b>San Juan</b>		6. STATE <b>Puerto Rico</b>	7. ZIP CODE <b>00936</b>
8. CASE NUMBER <b>17-03283</b>	9. JUDGE <b>Laura Taylor Swain</b>		DATES OF PROCEEDINGS 10. FROM <b>11/13/2017</b> 11. TO <b>11/13/2017</b>		
12. CASE NAME <b>In re: Financial Oversight and Management Board (Commonwealth)</b>		LOCATION OF PROCEEDINGS 13. CITY <b>New York</b> 14. STATE <b>NY</b>			
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input checked="" type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER					
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				<b>Complete transcript 11/13/17</b>	
<input type="checkbox"/> BAIL HEARING					
17. ORDER					
CATEGORY	ORIGINAL <small>(Includes Certified Copy to Clerk for Records of the Court)</small>	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
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REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00
18. SIGNATURE <b>/s/ Carlos R. Rivera-Ortiz</b>				PROCESSED BY	
19. DATE <b>11/13/2017</b>				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED				LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	0.00

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